



Emergency Suicide Care and Treatment Provider Fact Sheet

Starting on January 17, Veterans in suicidal crises can go to any health care facility, at VA or in the community, for free emergency health care – including transportation costs, inpatient or crisis residential care for up to 30 days, and outpatient care for up to 90 days, including social work.

Regardless of VA enrollment status, COMPACT-eligible individuals are:

- Former members of the armed forces who were discharged or released from active duty after more than 24 months of active service under conditions other than dishonorable.
- Former members of the armed forces, including reserve service members, who served more than 100 days under a combat exclusion or in support of a contingency operation either directly or by operating an unmanned aerial vehicle from another location who were discharged or released under a condition that is other than dishonorable.
- Former members of the armed forces who were the victim of a physical assault of a sexual nature, a battery of a sexual nature, or sexual harassment while serving in the armed forces.

VA will now:

- Provide or pay for treatment of eligible individuals' emergent suicide care, including transportation costs, at a VA or non-VA facility (up to 30 days of inpatient and 90 days of outpatient care, unless extended by VA).
- Make appropriate referrals for care following the period of emergent suicide care.
- Determine eligibility for other VA services and benefits.
- Refer eligible individuals for appropriate VA programs and benefits following the period of emergent suicide care.

Notification

Providers should report instances of a Veteran presenting to their community emergency department to VA's Emergency Care Centralized Notification Center using:

- VA's Emergency Care Reporting portal, <https://EmergencyCareReporting.CommunityCare.va.gov>,
- Or by calling 844-72HRVHA (844-724-7842)

Episodes of Veterans reporting to a community emergency department for treatment should be reported as soon as possible to establish the Veteran's health care eligibility and begin care coordination or transfer to a VA facility. Notification as soon as possible is imperative because VA must verify the Veteran's status if they are not already enrolled or registered with VHA.

Failure to report notification in a timely fashion may impact a Veteran's eligibility for VA to cover the cost of emergency treatment. VA's reporting procedures align with actions required by insurance industry standards.

VA is required to refer eligible Veterans for appropriate VA programs and benefits following the period of emergent suicide treatment.

Care Coordination and Transfer Activity

The local VAMC will engage with community providers who report notification through the centralized notification process. However, if you have an urgent or emergent need to coordinate care and/or transfer a Veteran to a VAMC, please make immediate contact with the nearest VAMC.

- Phone numbers and email addresses to coordinate care directly with a local VAMC are available at https://www.va.gov/COMMUNITYCARE/docs/providers/Care-Coordination_Facility-Contacts.pdf#.

Coordinating with VA prior to admitting the Veteran is key to improved care outcomes and improved patient satisfaction. VA will coordinate follow-on care or transportation to a VA facility when an inpatient bed is available.

Emergency Care Reporting Portal use

For security purposes, users will need to complete an email authentication process before being granted access to report emergency services on the portal. The Emergency Care Reporting portal enhances accuracy of information, allows for faster data processing and helps minimize vulnerabilities to Veterans' personal protected information.



Notification Requirements

The person notifying VA should be prepared to supply the following case-specific information for care coordination and eligibility determination:

Veteran Information
Name
Gender
Social Security Number
Date of Birth
Veteran Address
Date Presenting to Facility
Date of Discharge
Admitted? (Yes/No)
Chief Complaint/Admission DX and/or Discharge DX
Originating Location (address where the emergency event occurred)
Mode of Arrival
Other Health Insurance

Treating Facility Information
National Provider Identifier (NPI)
Name
Address
Point of Contact (POC) Name
POC Phone #
POC Email
Note: POC will receive VA authorization decision info

VA will contact appropriate parties to attempt to collect the information if the caller is unable to supply it all.

Correspondence

Email and fax notification are no longer accepted to minimize vulnerabilities to Veterans’ protected health information and streamline the process. Providers are required to include a valid email address for correspondence when reporting emergency treatment.

After notification processing, providers will receive authorization decision information via email. In-network providers seeking authorization numbers may also refer to their third-party administrator (TPA) portal, <https://vacommunitycare.com/provider> for Optum and <https://www.triwest.com/provider> for TriWest. Providers may also call the centralized call center at 844-72HRVHA (844-724-7842) to check the status of the notification.

VA no longer sends Veterans’ personal information in outgoing correspondence. Providers will need the notification identification number, assigned during the online reporting process, to correlate authorization decisions to the reported emergency event.